

San Diego and Imperial Counties Chapter of CNMA
Membership Form



Date: _____

Name: _____ (CNM/SNM)

Address: _____

City: _____ CA Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Place of Employment: _____

Membership:

_____ Are you a CNMA member? *

_____ \$50 CNM- local chapter dues

_____ \$25 Student or Retired CNM - local chapter dues

(If student, please indicate if SNM or CNM going for advanced degree.)

Make check payable to: **SD and IC Chapter of CNMA**

Mail Check to: Beth Coleman, Treasurer
611 San Marino Place
Chula Vista, CA 91914

Treasurer's Use:

Date received: _____

Amount: \$ _____ Check #: _____

Email confirmation sent: _____

* Please note that active, full membership in our local chapter requires membership in the CNMA. CNMA membership is included and automatic for all members of ACNM in California. To join the CNMA go to <http://california.midwife.org/index.asp?sid=12>.